Fill in this information to identify your o		
United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS		
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Identify Yourself Part 1: **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): Your full name Write the name that is on your Darin government-issued picture First Name First Name identification (for example, Lane your driver's license or Middle Name Middle Name passport). Coats Last Name Last Name Bring your picture identification to your meeting with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) All other names you have used in the last 8 First Name First Name Middle Name Middle Name Include your married or maiden names. Last Name Last Name Only the last 4 digits of xxx - xx - 1 1 2 6 xxx - xx your Social Security number or federal OR OR Individual Taxpayer Identification number 9xx - xx -9xx - xx -(ITIN) Any business names ✓ I have not used any business names or EINs. ☐ I have not used any business names or EINs. and Employer **Identification Numbers** Business name Business name (EIN) you have used in the last 8 years Business name Business name Include trade names and doing business as names Business name Business name

About Debtor 1: About Debtor 2 (Spouse Only in a Join Film Film Film Film Film Film Film Film	nt court
EIN EIN FIN FIN FIN FIN FIN FIN	nt court
### Address of the street is a different address. ### Address of the street is a different address. ### Address of the street is a different address. ### Address of the street is a different address. ### Address of the street is a different address. ### Address of the street is a different address. #### Address of the street is a different address. #### Address of the street is a different address. ##################################	nt court
Marshall TX 75672 City State ZIP Code City State ZIP Code	nt court
Marshall TX 75672 City State ZIP Code Harrison County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. 4101 Forest Trail	court
City State ZIP Code Harrison County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. 4101 Forest Trail City State ZIP Code City State ZIP Code City State ZIP Code County If Debtor 2's mailing address is different from yours, fill it in here. Note that the will send any notices to you at this mailing address.	court
Harrison County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. 4101 Forest Trail County If Debtor 2's mailing address is different from yours, fill it in here. Note that the will send any notices to you at this mailing address.	court
If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. If Debtor 2's mailing address is different from yours, fill it in here. Note that the will send any notices to you at this mailing address. 4101 Forest Trail	court
the one above, fill it in here. Note that the court will send any notices to you at this mailing address. from yours, fill it in here. Note that the will send any notices to you at this mailing address. 4101 Forest Trail	court
P.O. Box	
MarshallTX75672CityStateZIP CodeCityStateZIP Code	
6. Why you are choosing Check one: Check one: this district to file for	
bankruptcy Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. Over the last 180 days before filing petition, I have lived in this district I than in any other district.	
I have another reason. Explain. (See 28 U.S.C. § 1408.) I have another reason. Explain. (See 28 U.S.C. § 1408.)	
Part 2: Tell the Court About Your Bankruptcy Case	
7. The chapter of the Bankruptcy Code you Check one: (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for India for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.	riduals Filing
are choosing to file under Chapter 7	
Chapter 11	
Chapter 12	
— Chapter 13	

Deb	Case 16-20034	Lane 1	Filed	02/29/16 Entere Coats	d 02/29/16 10:06:18	Desc Mai Case numb	in Document per (if known)	Page 3 of 69			
	First Name	Middle Na	ame	Last Name							
8.	How you will pay the fee		court pay w	will pay the entire fee when I file my petition. Please check with the clerk's office in your local ourt for more details about how you may pay. Typically, if you are paying the fee yourself, you may ay with cash, cashier's check, or money order. If your attorney is submitting your payment on your ehalf, your attorney may pay with a credit card or check with a pre-printed address.							
			I need to pay the fee in installments. If you choose this option, sign and attach the Applic Individuals to Pay Your Filing Fee in Installments (Official Form 103A).								
			By law than 1 fee in	v, a judge may, but 50% of the official installments). If yo	e waived (You may r is not required to, we poverty line that app ou choose this option ial Form 103B) and fi	aive your fe lies to your , you must	ee, and may do family size and fill out the App	so only if your inc d you are unable t	ome is less o pay the		
9.	Have you filed for		No								
	bankruptcy within the last 8 years?		Yes.								
		Distr	rict			_ When _	MM / DD / YYYY	Case number _			
		Distr	rict			When _	MM / DD / YYYY	Case number _			
		Distr	rict			_ When _	/IM / DD / YYYY	Case number _			
10.	Are any bankruptcy		No								
	cases pending or being filed by a spouse who is		Yes.								
	not filing this case with you, or by a business	Debt	tor				Relationsh	ip to you			
	partner, or by an affiliate?	Distr	rict			When	MM / DD / YYYY	Case number, _ if known			
		Debt	tor				Relationsh	ip to you			
		Distr	rict _			When _	/IM / DD / YYYY	Case number, _ if known			
11.	Do you rent your residence?	<u> </u>	No. Yes.	Go to line 12. Has your landlord residence? No. Go to lin	obtained an eviction	judgment a	against you and	d do you want to s	tay in your		
				Yes. Fill out	Initial Statement Abo h this bankruptcy peti		tion Judgment	Against You (Form	101A)		

Deb	tor 1	Darin Case 16-20034	Lane 1	Filed	d 02/29/16 Entered 02/ Coats	/29/16 10:06:18 Desc Case n	Main Document umber (if known)	Page 4 of 6	9
		First Name	Middle N		Last Name		, _		
P	art 3:	Report About A	lny Βι	ısine	sses You Own as a	Sole Proprietor			
12.	of any f busines A sole p busines individu separate a corpor	a a sole proprietor full- or part-time ss? proprietorship is a s you operate as an al, and is not a e legal entity such as ration, partnership, or			On to Part 4. Name and location of b Name of business, if any Number Street	usiness			
	sole pro	ave more than one prietorship, use a e sheet and attach it etition.			Health Care Busin Single Asset Rea Stockbroker (as d	box to describe your but ness (as defined in 11 L I Estate (as defined in 1 lefined in 11 U.S.C. § 1 er (as defined in 11 U.S.	J.S.C. § 101(27A)) 11 U.S.C. § 101(51E 01(53A))	ZIP Cod	de
13.	Chapte Bankru are you debtor?	a filing under r 11 of the ptcy Code and a small business of small similar of small s debtor, see C. § 101(51D).	can mos	set ap at recei any of No. No.	filing under Chapter 11, propriate deadlines. If yet balance sheet, statem if these documents do not I am not filing under Clapt I am filing under Chapt the Bankruptcy Code. I am filing under Chapt Bankruptcy Code.	you indicate that you are tent of operations, cash ot exist, follow the proce napter 11.	e a small business of statement, and statement, and statement and statem	debtor, you od federal independent of the federal independent of the federal f	must attach your come tax return . g to the definition in
	propert alleged immine hazard safety? any pro	own or have any y that poses or is to pose a threat of nt and identifiable to public health or Or do you own perty that needs attention?	Own or	No	e Any Hazardous F What is the hazard? If immediate attention	Property or Any Pr		eds Immo	ediate Attention
	perisha livestoc	mple, do you own ble goods, or k that must be fed, or ng that needs urgent			Where is the property?	Number Street City		State	ZIP Code

Debtor 1 Debtor 1 Debtor 1 Debtor 1 Dec 1 Lane Filed 02/29/16 Entered 02/29/16 10:06:18 Desc Main Document Case number (if known) Page 5 of 69

irst name Middle name Last i

You must check one:

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

through the internet, even after I

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or

reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

X /s/ Darin Lane Coats

connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years,

Darin Lane Coats, Debtor 1

Signature of Debtor 2

Executed on 02/29/2016

Executed on

MM / DD / YYYY

or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

MM / DD / YYYY

Debtor 1 Debtor 1 Debtor 1 Decay 16-20034 Doc 1 Filed 02/29/16 Entered 02/29/16 10:06:18 Desc Main Document Case number (if known) Page 7 of 69

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Jean H. Taylor Signature of Attorney for Debtor		Date	<u>02/29/2016</u> MM / DD / YYYY
, , , , , , , , , , , , , , , , , , , ,			
lean H. Taylor			
Printed name			
Jean H. Taylor, P.C.			
Firm Name			
P.O. Box 1366			
Number Street			
301 N. Alamo			
Marshall	тх		75671
City	State		ZIP Code
Contact phone (903) 938-9788	Email address j i	aylor	@taylorbankruptcy.com
00791773			_
Bar number	State		

Fill in th	is inforr	nation to ider	ntify your	case and	this filing:		
Debtor 1	Da	arin	Lane	(Coats		
	Fir	st Name	Middle Nam	e L	ast Name		
Debtor 2 (Spouse, if	filing) Fire	st Name	Middle Nam	e L	ast Name		
United Stat	es Bankrı	uptcy Court for the	· FASTER	N DISTRIC	T OF TEYAS		
		ipicy Court for the	E. LASILI	N DISTRIC	TOTTENAS		
Case numb (if known)						Check i	if this is an ed filing
Official F	orm 10	06A/B					
Schedu	le A/B:	Property					12/15
the asset in filing togeth	the category, both a form. O	ory where you the are equally responding the top of any a	hink it fits b nsible for s additional p	est. Be as o upplying co ages, write	complete and accurate as prect information. If more your name and case numb	et fits in more than one cate cossible. If two married pe space is needed, attach a s per (if known). Answer ever tate You Own or Have	ople are separate ry question.
4 - D							
	own or n Go to P		equitable in	iterest in an	y residence, building, land	i, or similar property?	
<u> </u>		is the property?					
2. Add the	e dollar va	alue of the portio	n you own i	for all of you	ur entries from Part 1, inclu	uding any	***
entries	for pages	s you have attach	ned for Part	1. Write tha	at number here		\$0.00
Part 2:	Descr	ibe Your Vehi	icles				
you own that	someone	-	ou lease a ve	ehicle, also re	eport it on Schedule G: Ex	registered or not? Include eccutory Contracts and Unex	•
3.1.			Wh	o has an int	erest in the property?	Do not deduct secured clair	ms or exemptions. Put the
Make:		Ford	Che	eck one.		amount of any secured clair	ms on Schedule D:
Model:		Fusion	<u>v</u>	Debtor 1 on Debtor 2 on		Creditors Who Have Claims Current value of the	Current value of the
Year:		2013	_		d Debtor 2 only	entire property?	portion you own?
Approximate	mileage:	90,000	_ 🗖		of the debtors and another	\$17,000.00	\$17,000.00
Other inform 2013 Ford			_	Check if thi	s is community property		
2013 F01u	rusion		Ц	(see instruc			
3.2.					erest in the property?	Do not deduct secured clair	•
Make:		Yamaha		eck one.	L	amount of any secured clair Creditors Who Have Claims	
Model:		Vstar	<u>Ø</u>	Debtor 1 on Debtor 2 on		Current value of the	Current value of the
Year:		2013	_		d Debtor 2 only	entire property?	portion you own?
Approximate		1,600	_ 🗆	At least one	of the debtors and another	\$7,800.00	\$7,800.00
Other inform 2013 Yama		•		Check if thi	is is community property		
				other recre	ational vehicles, other veh ng vessels, snowmobiles, m		
✓ No	S						

Deb	tor 1	9 0f 69
5.	Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here	\$24,800.00
P	Describe Your Personal and Household Items	
Do	you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware	
	□ No □ Yes. Describe See continuation page(s).	\$1,540.00
7.	Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
	✓ No Yes. Describe	
8.	Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	
	✓ No Yes. Describe	
9.	Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	
	✓ No Yes. Describe	
10.	Firearms <i>Examples:</i> Pistols, rifles, shotguns, ammunition, and related equipment	
	✓ No Yes. Describe	
11.	Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
	☐ No ☐ Yes. Describe wearing apparel, accessories and shoes	\$870.00
12.	Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
	No ✓ Yes. Describe wedding ring and watch	\$450.00
13.	Non-farm animals Examples: Dogs, cats, birds, horses	
	□ No ☑ Yes. Describe 3 dogs	\$5.00
14.	Any other personal and household items you did not already list, including any health aids you did not list	
	✓ No Yes. Give specific information	
15.	Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here	\$2,865.00

Deb	itor 1	Case 16-2003 Darin First Name	34 Doc 1 Filed 02/29 Lane Middle Name	9/16 Entered 02/29/1 Coats Last Name	L6 10:06:18 Desc Main Document Paç Case number (if known)	ge 10 of 69
P	art 4:		ur Financial Asset			
		or have any lega	l or equitable interest	in any of the followin	g?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Example	les: Money you ha	ve in your wallet, in you	r home, in a safe depo	osit box, and on hand when you file your	
	✓ No ☐ Yes	S			Cash:	
17.	-	-	ises, and other similar i		of deposit; shares in credit unions, e multiple accounts with the same	
	□ No ✓ Yes	S	Institution	name:		
	17	.1. Checking ac	count: Regions	Bank - checking		\$2,772.00
	17	.2. Savings acco	ount: Regions	Bank - savings		\$20.00
	Example No Yes Non-pu an inte No Yes	les: Bond funds, in	publicly traded stocks evestment accounts with Institution or issuer n the and interests in incontracts in incontracts in the state of	n brokerage firms, mor name: prporated and uninco	ney market accounts orporated businesses, including	
20.	Govern Negotia Non-ne	able instruments inc	ate bonds and other no clude personal checks,	cashiers' checks, pror	% of ownership: gotiable instruments nissory notes, and money orders. by signing or delivering them.	
	info	ormation about m	Issuer name:			
21.		nent or pension action	A, ERISA, Keogh, 401(k), 403(b), thrift saving	s accounts, or other pension or	
	ت ا	s. List each count separately.	Type of account:	Institution name:		
			401(k) or similar plan:	401k at current jo	b	\$3,090.74
22.		y deposits and pr are of all unused o	• •	e so that you may cont	inue service or use from a company	

23.

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

$\overline{\mathbf{A}}$	No		
	Yes		Institution name or individual:
Anı	nuities	(A contract for a	specific periodic payment of money to you, either for life or for a number of years)
$\overline{\mathbf{V}}$	No		
П	Yes		Issuer name and description:

		Case 16-20034	Doc 1 Filed 02	2/29/16	Entered 02/29	9/16 10:06:18	Desc Main Docun	nent Page 1	1 of 69	
Deb [.]	tor 1	Darin First Name	Lane Middle Name		coats ast Name		Case number (if kn	iown)		
24.		ts in an education IR C. §§ 530(b)(1), 529A			ualified ABLE p	orogram, or u	nder a qualified sta	ate tuition pro	ogram.	
	☑ No			,						
	_	i I							§ 521(c)	
25.		equitable or future i exercisable for you		erty (o	ther than anyth	ing listed in li	ine 1), and rights o	r		
	☑ No									
	_	s. Give specific ormation about them								
26.	Patents	s, copyrights, traden es: Internet domain r								
	☑ No						-			
	_	s. Give specific rmation about them								
27.		es, franchises, and c	•	•		tion holdings,	liquor licenses, prof	essional licen	ses	
	☑ No									
	_	s. Give specific rmation about them								
Mon	ey or pr	operty owed to you	?						Current value	of the
									portion you o	
									claims or exer	
28.	Tax ref	unds owed to you								
	✓ No	s. Give specific inforn	mation					Federal		\$0.00
	_	out them, including wh						_		
	•	already filed the retu						State:		\$0.00
	and	I the tax years						Local:		\$0.00
29.	-	support es: Past due or lump	sum alimony soc	nueal e	upport child sur	nort mainten	ance divorce settle	ment property	/ sattlament	
	✓ No	cs. Tast due of fump	sum amnony, spe	Jusai s	apport, orma sur	port, mainten	arice, divorce settle	ment, property	Gottierierit	
		s. Give specific inform	mation				Alimo	ny:		\$0.00
							Maint	enance:		\$0.00
							Supp	ort:		\$0.00
							Divor	ce settlement:		\$0.00
							Prope	erty settlement	: <u> </u>	\$0.00
30.	Other a	mounts someone ov	wes vou							
		es: Unpaid wages, di	-					orkers'		
	✓ No ☐ Yes	s. Give specific inform	mation							
31.		ts in insurance polic es: Health, disability,		health	savings accoun	ıt (HSA); credi	t, homeowner's, or r	enter's insura	nce	
	☑ No									
		 Name the insuranc npany of each policy 	ce							
	and	l list its value	Company na	me:		Ве	neficiary:	Su	rrender or refu	nd value:
32.	If you a	erest in property that re the beneficiary of a to receive property be	a living trust, expe	ct proc	eeds from a life		icy, or are currently			
	✓ No	s. Give specific inform	mation							

		Case 16-20034	Doc 1 Filed 02	29/16 Er	ntered 02/29/16 10:06:18	Desc Main Document	Page 12 of 69
Deb		Darin First Name	Lane Middle Name	Coats Last Na		Case number (if known)	
33.	Claims a	gainst third parties	s, whether or not	you have f	illed a lawsuit or made a aims, or rights to sue	demand for payment	
	✓ No	·		surance cr	aims, or rights to suc		
	_	Describe each clai					
34.		ontingent and unliq set off claims	uidated claims of	every nati	ure, including countercl	aims of the debtor and	
	_	Describe each clai	m				
35.	Any fina	ncial assets you di	id not already list				
	✓ No ☐ Yes.	Give specific inform	mation				
36.			•		ncluding any entries for		→ \$5,882.74
Pa	art 5: [Describe Any Bu	usiness-Relate	d Prope	rty You Own or Hav	e an Interest In. Lis	t any real estate in Part 1
37.	Do you o	own or have any le	gal or equitable in	terest in a	ny business-related pro	pperty?	
	□ No.	Go to Part 6.					
	Yes.	Go to line 38.					
							Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Account	s receivable or cor	mmissions you alı	eady earn	ed		·
	✓ No ☐ Yes.	Describe					
39.		quipment, furnishir s: Business-related desks, chairs, ele	computers, softwa	re, moden	ns, printers, copiers, fax m	nachines, rugs, telephones	÷,
	□ No ☑ Yes.	Describe office	chair and home	made de	sk		\$100.00
40.	Machine	ery, fixtures, equipr	ment, supplies you	ı use in bı	usiness, and tools of you	ur trade	
	✓ No ☐ Yes.	Describe					
41.	Inventor	у					
	☑ No	Describe					
42.	Interests	s in partnerships o	r joint ventures				
	☑ No					0/	.him.
40		Describe Name		-41		% of owners	snip:
43.		er lists, mailing list	s, or other compil	ations			
	✓ No ☐ Yes.	□ No		entifiable i	nformation (as defined in	n 11 U.S.C. § 101(41A))?	
		Yes. Describe					
44.		iness-related prop	erty you did not a	ready list			
	✓ No ☐ Yes.	Give specific inforr	mation.				

		Case 16-20034	Doc 1 Filed	02/29/16 F	Intered 02/29/16 10:	·06·18	Desc Main Document	Page	13 of 69			
Deb	tor 1	Darin	Lane	Coa			Case number (if known)	ruge	10 01 00			
		First Name	Middle Name	Last N	Name		, ,					
45.		e dollar value of all o ed for Part 5. Write t						→	\$100.00			
Pa		Describe Any Fa If you own or have				l Prop	perty You Own or H	ave a	n Interest In.			
46.	Do you	you own or have any legal or equitable interest in any farm- or commercial fishing-related property?										
		Go to Part 7. Go to line 47.										
									Current value of the portion you own? Do not deduct secured claims or exemptions.			
47.	Farm a Exampl	nimals les: Livestock, poultry	y, farm-raised fis	sh								
	✓ No ☐ Yes	S										
48.	Crops-	either growing or ha	arvested									
		s. Give specific										
49.	Farm a	nd fishing equipmen	nt, implements,	machinery,	fixtures, and tools	of trac	de					
	☑ No □ Yes	S										
50.	Farm a	nd fishing supplies,	chemicals, and	d feed								
	✓ No ☐ Yes	S										
51.	Any far	m- and commercial	fishing-related	property yo	ou did not already li	ist						
	✓ No ☐ Yes	s. Give specific										
52.		e dollar value of all o	-					→	\$0.00			
D.	art 7:	Describe All Pro	nerty Vou O	wn or Ha	vo an Interest in	That	t You Did Not List A	hove				
	art 7.	Describe All Fio	perty rou o	WII OI Hav	ve an interest in	ı ıııaı	t Tou Did Not List A	bove				
53.	-	have other property les: Season tickets, c			ready list?							
	✓ No ☐ Yes	s. Give specific inform	mation.					1				
54.	Add the	e dollar value of all o	of your entries	from Part 7.	Write that number	r here		→	\$0.00			

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Debtor 1 Parin Lane Coats Case number (if known)

First Name Middle Name Last Name

Part 8: List the Totals of Each Part of this Form \$0.00 55. Part 1: Total real estate, line 2..... 56. Part 2: Total vehicles, line 5 \$24,800.00 57. Part 3: Total personal and household items, line 15 \$2,865.00 58. Part 4: Total financial assets, line 36 \$5,882.74 59. Part 5: Total business-related property, line 45 \$100.00 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 \$0.00 Copy personal 62. Total personal property. Add lines 56 through 61..... \$33,647.74 \$33,647.74 property total \$33,647.74 63. Total of all property on Schedule A/B. Add line 55 + line 62.....

Debtor 1	Case 16-20034 Darin	Doc 1 I		Entered 02/29/16 10:06:18 pats	Desc Main Document Case number (if known)	•
	First Name	Middle Nar	me Las	st Name		
6. House	hold goods and furni	ishings (d	letails):			

3 tvs, stereo, dvd player and speakers	\$600.00
recliner, coffee tables, end tables and 2 lamps	\$200.00
computer equipment	\$75.00_
bed	\$100.00
books and pictures	\$340.00
couch and armless chair	\$225.00

Fill in this inf		•				
Debtor 1	Darin First Name	Lane Middle Nam	e Coats Last Name			
Debtor 2						
(Spouse, if filing)		Middle Nam				
United States Ba	inkruptcy Court fo	or the: EASTER	N DISTRICT OF TE	XAS	<u>i</u>	Check if this is an
Case number (if known)						amended filing
,						
O#: -: - F	4000					
Official Form						
Schedule C	: The Prop	erty You C	laim as Exemp	ot		12/1
Using the property	you listed on Sc ill out and attach	hedule A/B: Prop to this page as n	perty (Official Form 10	6A/B	as your source, list th	esponsible for supplying correct information e property that you claim as exempt. If mor essary. On the top of any additional pages,
exempted up to the receive certain be exemption of 100°	he amount of an enefits, and tax-e % of fair market	y applicable sta exempt retireme value under a la	tutory limit. Some ex ent fundsmay be unl aw that limits the exe	cemp imite mpti	tionssuch as those ed in dollar amount. I	value of the property being for health aids, rights to However, if you claim an lar amount and the value of the le statutory amount.
Part 1: Ide	entify the Pro	perty You Cla	aim as Exempt			
1. Which set of	exemptions are	you claiming?	Check one only,	even	if your spouse is filing	with you.
<u>—</u>			nkruptcy exemptions. U.S.C. § 522(b)(2)	11 U	S.C. § 522(b)(3)	
2. For any prop	erty you list on	Schedule A/B th	nat you claim as exer	npt,	fill in the information	below.
Brief description of Schedule A/B that			Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B		eck only one box for h exemption	
Brief description			\$17,000.00	M	\$0.00	11 U.S.C. § 522(d)(2)
2013 Ford Fusio	on (approx. 900	000 miles)			100% of fair market	
Line from <i>Schedul</i>	e A/B: 3.1				value, up to any applicable statutory limit	
Brief description			\$600.00	V	\$575.00	11 U.S.C. § 522(d)(3)
3 tvs, stereo, dv _ine from <i>Schedul</i> e		peakers			100% of fair market value, up to any applicable statutory limit	
-	-	•	more than \$155,6750		ed on or after the date	of adjustment.)
□ No						

☑ No	
------	--

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No Yes Case 16-20034 Doc 1 Filed 02/29/16 Entered 02/29/16 10:06:18 Desc Main Document Page 17 of 69

Debtor 1

 Darin
 Lane
 Coats

 First Name
 Middle Name
 Last Name

ts

Case number (if known)

Part 2: **Additional Page** Brief description of the property and line on **Current value of** Amount of the Specific laws that allow exemption Schedule A/B that lists this property the portion you exemption you claim own Copy the value from Check only one box for Schedule A/B each exemption \$25.00 11 U.S.C. § 522(d)(5) 100% of fair market value, up to any applicable statutory limit Brief description \$200.00 11 U.S.C. § 522(d)(3) \$200.00 $\overline{\mathbf{Q}}$ recliner, coffee tables, end tables and 2 100% of fair market lamps value, up to any applicable statutory Line from Schedule A/B: 6 limit Brief description \$75.00 \$75.00 11 U.S.C. § 522(d)(3) $\overline{\mathbf{A}}$ computer equipment 100% of fair market value, up to any Line from Schedule A/B: 6 applicable statutory limit Brief description \$100.00 11 U.S.C. § 522(d)(3) \$100.00 $\overline{\mathbf{Q}}$ bed 100% of fair market value, up to any Line from Schedule A/B: 6 applicable statutory limit Brief description \$340.00 \$340.00 11 U.S.C. § 522(d)(3) $oldsymbol{ abla}$ books and pictures 100% of fair market value, up to any Line from Schedule A/B: 6 applicable statutory limit Brief description \$225.00 \$225.00 11 U.S.C. § 522(d)(3) $\overline{\mathbf{Q}}$ couch and armless chair 100% of fair market value, up to any Line from Schedule A/B: 6 applicable statutory limit Brief description \$870.00 \$870.00 11 U.S.C. § 522(d)(5) ablawearing apparel, accessories and shoes 100% of fair market value, up to any Line from Schedule A/B: 11 applicable statutory limit 11 U.S.C. § 522(d)(4) Brief description \$450.00 \$450.00 \square wedding ring and watch 100% of fair market value, up to any Line from Schedule A/B: 12 applicable statutory limit Brief description \$5.00 \$5.00 11 U.S.C. § 522(d)(3) $\overline{\mathbf{A}}$ 3 dogs 100% of fair market value, up to any Line from Schedule A/B: 13 applicable statutory limit

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Debtor 1 Darin Lane Coats Case number (if known)

Last Name

Part 2: **Additional Page** Brief description of the property and line on **Current value of** Amount of the Specific laws that allow exemption exemption you claim Schedule A/B that lists this property the portion you own Copy the value from Check only one box for each exemption Schedule A/B Brief description \$2,772.00 11 U.S.C. § 522(d)(5) \$2,772.00 \checkmark Regions Bank - checking 100% of fair market value, up to any Line from Schedule A/B: 17.1 applicable statutory limit Brief description \$20.00 11 U.S.C. § 522(d)(5) $\overline{\mathbf{V}}$ \$20.00 Regions Bank - savings 100% of fair market value, up to any Line from Schedule A/B: 17.2 applicable statutory limit Brief description \$3,090.74 \$3,090.74 11 U.S.C. § 522(d)(12) $\overline{\mathbf{Q}}$ 401k at current job 100% of fair market value, up to any Line from Schedule A/B: applicable statutory limit 11 U.S.C. § 522(d)(3) Brief description \$100.00 \$100.00 $\overline{\mathbf{V}}$ office chair and homemade desk 100% of fair market value, up to any Line from Schedule A/B: 39 applicable statutory

limit

First Name

Middle Name

O	asc 10 20054 Doc	1 1 11Cu 02/23/10	Littered 02/23/10 10.0	00.10 Desc Main Doc	ament rage 13 or o.	<i>J</i>
Fill in this info	ormation to iden	ntify your case	:			
Debtor 1	Darin	Lane	Coats			
200.0. 1	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for the	EASTERN DIS	STRICT OF TEXAS			
Case number					Chook if this is	2 22
(if known)					Check if this is amended filing	
Official Form	106D					
		ha Haya Cla	ima Casurad by	, Droporty		40/45
Schedule D:	Creditors Wi	no Have Cla	ims Secured by	/ Property		12/15
1. Do any credit No. Chee Yes. Fill Part 1: Lis List all secure claim, list the coreditor has a	ors have claims sectors have claims sectors have claims sectors and submin all of the information of the information of the company of the co	cured by your product this form to the con below. aims tor has more than r each claim. If me other creditors	court with your other schoone secured ore than one in Part 2. As	edules. You have noth Column A Amount of claim	ning else to report on the column B Value of collateral	is form. Column C Unsecured
creditor's nam	ible, list the claims in e.	aipnabeticai orde	r according to the	Do not deduct the value of collateral	that supports this claim	portion If any
2.1		Describe the	property that	240 770 00	247.000.00	A 0.770.00
 Ford Motor Cred	lit Corporation	secures the	claim:	\$19,779.00	\$17,000.00	\$2,779.00
Creditor's name	•	— veh				
Ford Motor Cred Number Street	lit					
PO Box 6275						
			te you file, the claim is:	Check all that apply.		
Dearborn City	MI 48121 State ZIP Code	Continge Unliquida	ated			
Who owes the debtion 1 only Debtor 1 only Debtor 2 only Debtor 1 and D At least one of Check if this company	ebtor 2 only the debtors and anot	✓ An agree ☐ Statutory ☐ Judgmer	en. Check all that apply. ement you made (such as lien (such as tax lien, m nt lien from a lawsuit cluding a right to offset) bbile		car loan)	
to a communit Date debt was inc		l ast 4 dinite	of account number	4 4 5 6		
	UZ/ZUI#	Eust T uiditä	o account Hulling	J U		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$19,779.00

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Darin Coats Debtor 1 Lane Case number (if known) First Name Middle Name Last Name

Part 1:

Additional Page

After listing any entries on this page, number them sequentially from the previous page.

Column A Amount of claim Do not deduct the value of collateral

Column B Value of collateral that supports this

Column C Unsecured portion If any

Yamaha/gemb Creditor's name GEMB/Attn: Bankruptcy Department Number Street PO Box 103106	Describe the property that secures the claim: motorcycle	\$9,703.00	\$7,800.00	\$1,903.00
10 Box 100100	As of the date you file, the claim is:	Check all that apply.		
Roswell GA 30076 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt	☐ Contingent ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. ☑ An agreement you made (such as ☐ Statutory lien (such as tax lien, med) ☐ Judgment lien from a lawsuit ☑ Other (including a right to offset) Secured		oan)	
Date debt was incurred 01/2015	Last 4 digits of account number	2 5 2 6		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$9,703.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$29,482.00

Fill in this inf	ormation to ide	entify your case	:	
Debtor 1	Darin First Name	Lane Middle Name	Coats Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
, , ,			TRICT OF TEXAS	
Case number	inclupicy Court for a	ic. <u>EAGTERN DIG</u>	TRIOT OF TEXAS	Chook if this
(if known)				Check if this amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1.	Do any	creditors have	priority	unsecured	claims	against y	ou?
----	--------	----------------	----------	-----------	--------	-----------	-----

No. Go to Part 2.

☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.

Total claim Priority Nonpriority amount amount

Debtor 1	Darin	Lane	Coats	Case number (if known)
	First Name	e Middle Name	Last Name	
Part 2	List A	All of Your NONPRIO	RITY Unsecured Cla	ims
				_
B. Doa	any creditors	s have nonpriority unsecu	red claims against you?	
	No. You ha	ve nothing to report in this	part. Submit this form to t	he court with you other schedules.
abla	Yes			
l liet	all of your n	onnriority unsecured clai	ime in the alphabetical o	rder of the creditor who holds each claim.
	-		•	editor separately for each claim. For each claim listed, identify what
				re than one creditor holds a particular claim, list the other creditors in
Part	t 3. If more s	pace is needed for nonprior	rity unsecured claims, fill o	out the Continuation Page of Part 2.
				Total claim
$\overline{}$				
4.1				\$4,554.00
Amex/B	Beckett & Le	ee LLC	Last 4 digits of ac	count number 0 9 3 3
	Creditor's Nam	ne	When was the deb	t incurred? 06/2008
PO Box lumber	Street		As of the date you	file, the claim is: Check all that apply.
6 Gene	eral Warren	Blvd	Contingent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			Unliquidated	
Achiena		DA 402EE	Disputed	
Malvern City	1	PA 19355 State ZIP Code	Type of NONDRIO	RITY unsecured claim:
,	urred the del		Student loans	NITT unsecured claim.
_ Debt	tor 1 only			sing out of a separation agreement or divorce
_	tor 2 only			report as priority claims
_	tor 1 and Deb	•	· ·	on or profit-sharing plans, and other similar debts
_		e debtors and another	Other. Specify	
_		m is for a community deb	t Credit Card	
	aim subject t	to offset?		
✓ No				
Yes				
4.2				\$133.00
\ttorno	v Conoral (Child Support	Last 4 digits of ac	
	Creditor's Nam	Child Support		_ _ _ _ _ _
Attn: Ba	ankruptcy		When was the deb	
Number	Street 12017 Cre	dit Group	<u>-</u>	file, the claim is: Check all that apply.
O BOX	12017 016	ait Group	Contingent Unliquidated	
			Disputed	
Austin		TX 78711	'	
City Mho incu	urred the del	State ZIP Code bt? Check one.	Type of NONPRIO	RITY unsecured claim:
	tor 1 only	or. Official Offic.	Student loans	
	tor 2 only			sing out of a separation agreement or divorce
_	tor 1 and Deb	tor 2 only	-	report as priority claims on or profit-sharing plans, and other similar debts
At lea	ast one of the	e debtors and another	Other. Specify	
☐ Chec	ck if this clai	m is for a community deb		
s the cla	aim subject t	to offset?	,	
√ No	•			
Yes				

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Debtor 1

DarinLaneCoatsFirst NameMiddle NameLast Name
Case number (if known)

Part 2: Your NONPRIORITY Unsecure	ed Claims Continuation Page	
After listing any entries on this page, number them previous page.	sequentially from the	Total claim
4.3		\$3,904.00
Cap1/bstby	Last 4 digits of account number 1 6 5 3	Ψ5,304.00
Nonpriority Creditor's Name	When was the debt incurred? 11/2008	
PO Box 78009 Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated	
Phoenix AZ 85062-8009	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Charge Account	
Is the claim subject to offset?		
☑ No □ Yes		
4.4		\$1,303.00
Cap1/ymaha	Last 4 digits of account number 6 9 5 7	
Nonpriority Creditor's Name 26525 N Riverwoods Blvd	When was the debt incurred? 01/2015	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	☐ Unliquidated ☐ Disputed	
Mettawa IL 60045		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
— Object (California in Communication In California	Other. Specify	
Is the claim subject to offset?	Charge Account	
✓ No		
Yes		
45		
4.5		\$2,734.00
Citibank Nonpriority Creditor's Name	Last 4 digits of account number 8 1 9 8	
Citicorp Credt Srvs/Centralized Bankrupt	When was the debt incurred? 04/2015	
Number Street PO Box 790040	As of the date you file, the claim is: Check all that apply.	
	. ☐ Contingent ☐ Unliquidated	
Spirit Louis MO 62470	Disputed	
Saint Louis MO 63179 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Other. Specify Credit Card	
Is the claim subject to offset?		
☑ No		
Yes		

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Debtor 1

 Darin
 Lane
 Coats
 Case number (if known)

 First Name
 Middle Name
 Last Name

After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.6 Gregg County CSCD Nonpriority Creditor's Name PO Box 3226 Number Street TX 75606 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt s the claim subject to offset? No	Last 4 digits of account number 0 6 5 B When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify restitution	\$22,419.00
4.7 Kohls/Capital One Nonpriority Creditor's Name PO Box 3120 Number Street	Last 4 digits of account number 8 8 0 8 When was the debt incurred? 11/2004 As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated	\$1,395.00
Milwaukee City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Charge Account	
4.8 Navient Nonpriority Creditor's Name PO Box 9500 Number Street	Last 4 digits of account number 1 0 2 5 When was the debt incurred? 10/2002 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$27,316.00
Wilks-Barr PA 18773 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Educational	

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Debtor 1

 Darin
 Lane
 Coats

 First Name
 Middle Name
 Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unse	ecured Claims Continuation Page	
After listing any entries on this page, number previous page.	r them sequentially from the	Total claim
4.9		\$723.00
Synchrony Bank/ HH Gregg	Last 4 digits of account number 3 7 4 0	
Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred? 11/2008	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 103104	Contingent	
	☐ Unliquidated	
Roswell GA 30076	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community de	bt Charge Account	
Is the claim subject to offset?		
☑ No		
Yes		
440		
4.10		\$10,224.00
Us Bank	Last 4 digits of account number 4 4 6 5	
Nonpriority Creditor's Name 200 Gibraltar Rd	When was the debt incurred? 01/2013	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Unliquidated	
	Disputed	
Horsham PA 19044 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check if this claim is for a community de		
Is the claim subject to offset?	Jiodit Gdi d	
No		
☐ Yes		
_		

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Debtor 1

 Darin
 Lane
 Coats
 Case number (if known)

 First Name
 Middle Name
 Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim	
Total claims from Part 1	6a.	Domestic support obligations	6a. \$0.	00
	6b.	Taxes and certain other debts you owe the government	6b. \$0.	00
	6c.	Claims for death or personal injury while you were intoxicated	6c. \$0.	00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	^{6d.} +\$0.	00_
	6e.	Total. Add lines 6a through 6d.	6d. \$0.	00_
			Total claim	
Total claims from Part 2	6f.	Student loans	6f. \$0.	00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$0.	00_
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h. \$0.	00_
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$74,705.	00
	6j.	Total. Add lines 6f through 6i.	6j. \$74,705.	00

	Case 10-20034 L	70C1 Filed 02/29/10) Entered 02/29/10 1	.0.06.18 Desc Main Do	cument 1 age 27 of 00	
Fill in t	his information to i	dentify your case	e:			
Debtor 1	Darin	Lane	Coats			
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse,	if filing) First Name	Middle Name	Last Name			
United St	ates Bankruptcy Court for	· that EASTEDN DIS	STRICT OF TEVAS			
	, ,	me. <u>EASTERN Dis</u>	SIRICI OF TEXAS			
Case nun (if known)					Check if this is amended filing	an
					amended ming	
Official	Form 106G					
	ule G: Executory	. Controcto on	d llpaypired l			40/45
ocneai	ile G. Executory	Contracts an	a unexbirea i			12/15
				<u>-cascs</u>		
Be as com	plete and accurate as p formation. If more space of any additional pages	ossible. If two marri	ed people are filing to additional page, fill	ogether, both are equal		
Be as com correct inf On the top	nplete and accurate as proormation. If more space	ossible. If two marri is needed, copy the i, write your name an	ed people are filing to additional page, fill and case number (if ki	ogether, both are equal		
Be as comcorrect inf On the top	aplete and accurate as properties of any additional pages ou have any executory countries. Check this box and file	ossible. If two marries is needed, copy the s, write your name are ontracts or unexpired this form with the co	ed people are filing to additional page, fill nd case number (if knd leases?	ogether, both are equal it out, number the entrinown).	es, and attach it to this ng else to report on this f	page.
Be as com correct inf On the top	pplete and accurate as p formation. If more space of of any additional pages ou have any executory co	ossible. If two marries is needed, copy the s, write your name are ontracts or unexpired this form with the co	ed people are filing to additional page, fill nd case number (if knd leases?	ogether, both are equal it out, number the entrinown).	es, and attach it to this ng else to report on this f	page.
Be as comcorrect inf On the top 1. Do yo \[\sum_{\text{Y}}^{\text{N}} \] 2. List s is for	aplete and accurate as properties of any additional pages ou have any executory countries. Check this box and file	ossible. If two marries is needed, copy the s, write your name are ontracts or unexpired this form with the contain below even if the company with who cle lease, cell phone)	ed people are filing to additional page, fill and case number (if known as a case of the case) and the case of the contracts or leases of the contracts of the	ogether, both are equal it out, number the entrinown). hedules. You have nothing are listed on Schedule Attract or lease. Then states	ng else to report on this formula. Property (Official Formula what each contract o	orm. m 106A/B). or lease
Be as comcorrect inf On the top 1. Do yo \[\begin{array}{ccc} N & & & & & & & & & & & & & & & & & &	aplete and accurate as promation. If more space of any additional pages ou have any executory color. Check this box and file (es. Fill in all of the informately each person of (for example, rent, vehicle)	ossible. If two marries is needed, copy the second reacts or unexpired this form with the contation below even if the company with who cle lease, cell phone) ared leases.	ed people are filing to additional page, fill and case number (if known as a case number (if known as a case number some contracts or leases form you have the contractions and case of the contracts of leases of the contracts or leases of the contracts of	ogether, both are equal it out, number the entrinown). hedules. You have nothing are listed on Schedule Attract or lease. Then states	ng else to report on this form. MB: Property (Official Form.) Ite what each contract of puction booklet for more expected.	orm. m 106A/B). or lease
Be as comcorrect inf On the top 1. Do you 2. List s is for execu	aplete and accurate as promation. If more space of any additional pages ou have any executory can be. Check this box and fill fes. Fill in all of the information eparately each person of (for example, rent, vehicle tory contracts and unexpires on or company with wete and Judy Harris	ossible. If two marries is needed, copy the s, write your name are contracts or unexpired this form with the contain below even if the company with who cle lease, cell phone) ared leases.	ed people are filing to additional page, fill and case number (if known as a case number (if known as a case number some contracts or leases form you have the contractions and case of the contracts of leases of the contracts or leases of the contracts of	nogether, both are equal it out, number the entrinown). The dules. You have nothing are listed on Schedule Autract or lease. Then stated for this form in the instru	ng else to report on this form. MB: Property (Official Form.) Ite what each contract of puction booklet for more expected.	orm. m 106A/B). or lease
Be as comcorrect inf On the top 1. Do yo No No No No No No No No	aplete and accurate as promation. If more space of any additional pages ou have any executory can be. Check this box and fill fes. Fill in all of the information eparately each person of (for example, rent, vehicle tory contracts and unexpires on or company with wete and Judy Harris	ossible. If two marries is needed, copy the s, write your name are contracts or unexpired this form with the contain below even if the company with who cle lease, cell phone) ared leases.	ed people are filing to additional page, fill and case number (if known as a case number (if known as a case number some contracts or leases form you have the contractions and case of the contracts of leases of the contracts or leases of the contracts of	ogether, both are equal it out, number the entrinown). hedules. You have nothing are listed on Schedule Autract or lease. Then state for this form in the instru	ng else to report on this for the contract of	orm. m 106A/B). or lease

ZIP Code

State

City

Fill in this information to identify your case:							
Debtor 1	Darin First Name	Lane Middle Name	Coats Last Name				
Debtor 2 (Spouse, if filing)		Middle Name	Last Name				
United States Ba							
Case number (if known)					Check if this is an amended filing		

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

	•	No	ave any codebiors?	(If you are filing a joint case,	do not list eltriel	spouse as a codebior.)
		Yes				
2.			•		•	ritory? (Community property states and territories o, Texas, Washington, and Wisconsin.)
	П	No.	Go to line 3.			
	M	Yes.	Did your spouse, form	er spouse, or legal equivalen	t live with you at t	the time?
	_	П	No			
		M	Yes			
		ت	In which community sta	ate or territory did you live?	Texas	Fill in the name and current address of that person.
			Teresa Elaine Coat	S		
			Name of your spouse, form 122 Shawnee Trail	ner spouse, or legal equivalent		
			Number Street			
			Hallsville	тх	75650	
			City	State	ZIP Code	

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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Fill in this inform	ation to identify		Entered 02/23/10	20.00.20		ago 20 or 00
	Darin	Lane	Coats			
Debtor 1	First Name	Middle Name	Last Name		—— Che	eck if this is:
Debtor 2					п	An amended filing
(Spouse, if filing)	First Name	Middle Name	Last Name			A supplement showing postpetition
United States Bankr Case number	uptcy Court for the:	EASTERN D	ISTRICT OF TEX	AS		chapter 13 income as of the following date:
(if known)				_		MM / DD / YYYY
Official Form 10	iei					
Schedule I: Yo						12/15
responsible for supply include information at about your spouse. If your name and case n	ring correct information your your spouse. I more space is nee	ation. If you are f you are separ ded, attach a se Answer every q	e married and not ated and your spo parate sheet to th	filing join use is no	tly, and your ot filing with y	I Debtor 2), both are equally spouse is living with you, ou, do not include information any additional pages, write
Fill in your emplo information.	yment		Dahtan 4			Dahtan 2 an man filling an anna
If you have more the			Debtor 1			Debtor 2 or non-filing spouse
job, attach a separ with information ab		yment status	✓ Employed✓ Not employed	ed		☐ Employed ☐ Not employed
additional employe		ation	marketing con		tions direc	
Include part-time, so or self-employed w	seasonal,	yer's name	Hardware Res			
Occupation may in	clude Emplo	yer's address	4319 Marlena	St		
student or homemapplies.		, 0. 0	Number Street			Number Street
			Bossier City	LA		
			City	Stat	e Zip Code	City State Zip Code
	How Id	ong employed th	nere? <u>2 years</u>			
Part 2: Give D	etails About Mo	onthly Incom	e			
Estimate monthly inco	ome as of the date y	-		ing to rep	ort for any line	, write \$0 in the space. Include your
non-filing spouse unless		han ana amplay	or combine the infe	rmotion f	ar all amplaya	re for that narrow on the lines halour. If
you need more space, a	•		er, combine the init	imation i	or all employe	rs for that person on the lines below. If
				For	Debtor 1	For Debtor 2 or non-filing spouse
	s wages, salary, ar). If not paid monthly			2	\$5,919.38	
3. Estimate and list	monthly overtime p	ay.		3. + _	\$0.00	
4. Calculate gross in	ncome. Add line 2	⊦ line 3.		4.	\$5,919.38	

Official Form 106I Schedule I: Your Income page 1 Case 16-20034 Doc 1 Filed 02/29/16 Entered 02/29/16 10:06:18 Desc Main Document Page 30 of 69

Debtor 1 Darin Lane Coats Case number (if known) First Name

Last Name

Middle Name

			For Debtor 1		or Debt on-filing	or 2 or g spouse	<u> </u>	
	Copy line 4 here	4.	\$5,919.38					
5.	List all payroll deductions:							
	5a. Tax, Medicare, and Social Security deductions	5a.	\$1,643.58					
	5b. Mandatory contributions for retirement plans	5b.	\$0.00					
	5c. Voluntary contributions for retirement plans	5c.	\$0.00					
	5d. Required repayments of retirement fund loans	5d.	\$0.00					
	5e. Insurance	5e.	\$309.44					
	5f. Domestic support obligations	5f.	\$899.99					
	5g. Union dues	5g.	\$0.00					
	5h. Other deductions. Specify:	5h. +	\$0.00					
6.	Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.	\$2,853.01					
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$3,066.37					
8.	List all other income regularly received:							
	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00					
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.							
	8b. Interest and dividends	8b.	\$0.00					
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00					
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.							
	8d. Unemployment compensation	8d.	\$0.00					
	8e. Social Security	8e.	\$0.00					
	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.							
	Specify:	8f.	\$0.00					
	8g. Pension or retirement income	8g.	\$0.00					
	8h. Other monthly income. Specify:	8h.	\$0.00					
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$0.00					
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$3,066.37	+]=[\$3,066.37
11.	State all other regular contributions to the expenses that you list in Solnclude contributions from an unmarried partner, members of your househ friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that	old, yo	our dependents, you					ıle J.
	Specify:					11.	+	\$0.00
						_	Г	
12.	Add the amount in the last column of line 10 to the amount in line 11. income. Write that amount on the Summary of Your Assets and Liabilities if it applies.					12.		\$3,066.37 Combined nonthly income
13.	Do you expect an increase or decrease within the year after you file the	nis for	·m?					
	 No. ✓ Yes. Explain: Debtor has work related travel expenses that	are r	eimbursed when	the	ey hapı	oen.		

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J	ill in this inform	nation to ide	entify y	our case:				المراجعة علم	. io.	
	Debtor 1	Darin		Lane	Coats		l	ck if this	s is: ended filing	
	Debier 1	First Name		Middle Name	Last Na			A supp	lement showing r 13 expenses as	
	Debtor 2 (Spouse, if filing)	First Name		Middle Name	Last Na	me			ng date:	s or the
	United States Bankr	uptcy Court for	r the: <u>E</u>	ASTERN DIS	TRICT OF	ΓEXAS		MM / D	D / YYYY	_
	Case number (if known)									
_	· · · · · · · · · · · · · · · · · · ·						J			
	fficial Form 10									
50	chedule J: Yo	ur Expen	ises							12/15
nai	rrect information. In	f more space i er (if known).	is neede Answer	d, attach anoth every question	ner sheet to t	ing together, both a his form. On the top				
ŀ	Part 1: Descri	be Your Ho	usehol	d						
1.	Is this a joint case	e?								
	_ No	ebtor 2 live in	-	ate household		s for Separate House	hold of	f Debtor	2.	
2.	Do you have depo	endents?	☑ No						5	
	Do not list Debtor Debtor 2.	1 and		s. Fill out this ir each depender		Dependent's relati Debtor 1 or Debtor		p to	Dependent's age	Does dependent live with you?
	Do not state the do names.	ependents'								Yes No Yes
										□ No - □ Yes
										□ No
										⁻
										Yes
3.	Do your expense expenses of peop yourself and your	ole other than		Mo Yes						
F	Part 2: Estima	ate Your On	ngoing l	Monthly Exլ	oenses					
to		of a date afte	r the ban		-	re using this form as supplemental Sche			•	
	lude expenses paid ch assistance and h		_		-				Your expens	es
4.	The rental or hom Include first mortga								4	\$625.00
	If not included in	line 4:								
	4a. Real estate ta	axes							4a	
	4b. Property, hon	neowner's, or re	enter's in	surance					4b	\$28.28
	4c. Home mainte	nance, repair,	and upke	eep expenses					4c	
	4d. Homeowner's	association of	r condom	inium dues					4d.	

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Debtor 1 Darin Lane Coats Case number (if known)

Last Name

Middle Name

Your expenses Additional mortgage payments for your residence, such as home equity loans 5. **Utilities:** 6a. Electricity, heat, natural gas 6a. \$150.00 6b. 6b. Water, sewer, garbage collection \$95.00 6c. Telephone, cell phone, Internet, satellite, and 6c. \$169.00 cable services 6d. 6d. Other. Specify: Food and housekeeping supplies 7. \$500.00 Childcare and children's education costs 8. 9. Clothing, laundry, and dry cleaning 9. \$25.00 Personal care products and services 10. \$50.00 11. Medical and dental expenses 11. \$50.00 12. Transportation. Include gas, maintenance, bus or train 12. \$400.00 fare. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, 13. magazines, and books 14. Charitable contributions and religious donations 14. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. 15b. Health insurance 15b. 15c. Vehicle insurance 15c. \$180.00 15d. Other insurance. Specify: 15d. 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. \$425.00 17b. Car payments for Vehicle 2 17b. \$359.00 17c. Other. Specify: GCCSD 17c. 17d. 17d. Other. Specify: 18. Your payments of alimony, maintenance, and support that you did not report as 18. deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. 19. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. 20a. Mortgages on other property 20b. Real estate taxes 20b. 20c. Property, homeowner's, or renter's insurance 20c. 20d. Maintenance, repair, and upkeep expenses 20d. Homeowner's association or condominium dues 20e.

First Name

Case 16-20034 Doc 1 Filed 02/29/16 Entered 02/29/16 10:06:18 Desc Main Document Page 33 of 69 Debtor 1 Darin Lane Coats Case number (if known) First Name Middle Name Last Name 21. Other. Specify: 21 22. Calculate your monthly expenses. 22a. Add lines 4 through 21. 22a. \$3,056.28 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2. 22b. 22c. Add line 22a and 22b. The result is your monthly expenses. 22c. \$3,056.28 23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$3,066.37 Copy your monthly expenses from line 22c above. 23b. \$3,056.28 23c. Subtract your monthly expenses from your monthly income. \$10.09 The result is your monthly net income. 23c. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? **✓** No. Explain here: Yes. None.

	`	5a3c 10 20034	DOC 1 THE 02/25/10	Littered 02/23/10 10:00:1	— Desc Main Document	age 54 01 05
F	ill in this in	formation to	identify your case	:		
D	ebtor 1	Darin	Lane	Coats		
		First Name	Middle Name	Last Name		
	ebtor 2 Spouse, if filing) First Name	Middle Name	Last Name	-	
u	Inited States Ba	ankruptcy Court f	or the: EASTERN DIS	TRICT OF TEXAS		
	ase number		<u></u>			
	f known)				_	eck if this is an ended filing
\bigcirc	fficial Form	106Sum				
_			ets and Liabilit	ies and Certain St	tatistical Informatio	n 12/15
					er, both are equally responsil	
CO	rrect information	on. Fill out all o	of your schedules first;	then complete the informa	ation on this form. If you are	filing amended
301	nedules after y	ou me your on	giliai lorilis, you iliust i	in out a new Juminary and	Tolleck the box at the top of	uns page.
ŀ	Part 1: Su	ımmarize Yo	ur Assets			
						Your assets
						Value of what you own
1.	Schedule A/E	B: Property (Office	cial Form 106A/B)			
	1a. Copy lin	e 55, Total real	estate, from Schedule A	/B		\$0.00
	1b. Copy lin	e 62, Total perso	onal property, from Sche	dule A/B		\$33,647.74
	1c. Copy lin	e 63, Total of all	property on Schedule A	/B		\$33,647.74
	Part 2: Su	ımmarize Yo	ur Liahilities			
_	art 24 Oc	illillianze 10	ui Liabilities			
						Your liabilities Amount you owe
2.	Schedule D	Creditors Who F	lave Claims Secured by	Property (Official Form 106	D)	,
					ast page of Part 1 of Schedule	* D \$29,482.00
3.				s (Official Form 106E/F)	– /–	\$0.00
	3a. Copy the	e total claims fro	m Part 1 (priority unsect	ired claims) from line 6e of 8	Schedule E/F	
	3b. Copy the	e total claims fro	m Part 2 (nonpriority uns	secured claims) from line 6j	of Schedule E/F	+ \$74,705.00
					Your total liabilities	\$104,187.00
ŀ	Part 3: Su	ımmarize Yo	ur Income and Exp	enses		

Summarize Your income and Expenses

4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$3,066.37
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$3,056.28

Case 16-20034 Doc 1 Filed 02/29/16 Entered 02/29/16 10:06:18 Desc Main Document Page 35 of 69 Debtor 1 Darin Lane Coats Case number (if known) First Name Middle Name Last Name Part 4: **Answer These Questions for Administrative and Statistical Records** Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. \mathbf{V} Yes What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. From the Statement of Your Current Monthly Income: Copy your total current monthly income from \$6,137.02 Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim From Part 4 on Schedule E/F, copy the following: \$0.00 9a. Domestic support obligations. (Copy line 6a.) \$0.00 Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00 Student loans. (Copy line 6f.) \$0.00 Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00 Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) \$0.00 9g. Total. Add lines 9a through 9f.

	Case 10-20034	DOC 1 Filed 02/29/10	Entered 02/29/10 10:00:18	Desc Main Document	rage 30 01 09
Fill in this i	nformation to	identify your case	:		
Debtor 1	Darin	Lane	Coats		
Dahtan 0	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filir	ng) First Name	Middle Name	Last Name	-	
United States	Bankruptcy Court f	for the: EASTERN DIS	STRICT OF TEXAS	_	
Case number					Check if this is an
(if known)					amended filing
0/// 1 1 5	4005				
Official For	m 106Dec				
Declaratio	n About an	Individual Debt	tor's Schedules		

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT	an attorney to help you fill out bankruptcy forms?
☑ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I have read true and correct.	the summary and schedules filed with this declaration and that they are
X /s/ Darin Lane Coats Darin Lane Coats, Debtor 1	XSignature of Debtor 2
Date <u>02/29/2016</u> MM / DD / YYYY	Date MM / DD / YYYY

12/15

C	ase 10-20034 L	Joc 1 Filed 02/	29/10	Entered 02/29/1	6 10.06.18 Desc Mail	Document	Page 37 C	09
Fill in this inf	ormation to id	dentify your	case:					
Debtor 1	Darin	Lane		Coats				
	First Name	Middle Name	е	Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle Name	e	Last Name				
United States Ra	nkruptcy Court for	the FASTER	N DIST	RICT OF TEXA	18			
Case number	Tikruptcy Court for	ine. <u>LAGILIN</u>	II DIOI	MOTOL TEXA				
(if known)					_		Check if the amended for	
Official Form	107							
		Affairs for	· Indiv	viduals Fili	ng for Bankrup	ntcv		12/15
					g =p	,		
☐ Married ☑ Not marrie . During the la ☐ No	st 3 years, have	you lived anyw	ast 3 yea		you live now? de where you live now. Debtor 2:			Dates Debtor 2
Debioi 1.				there	Debtor 2.			lived there
					Same as Debtor	1		☐ Same as Debtor 1
406 W. A	ustin		From	02/15/2014				From
Number	Street		To	10/15/2015	Number Street			То
Marshall			_					
City	Sta	te ZIP Code			City	State ZII	P Code	
					Same as Debtor	1		☐ Same as Debtor 1
370 Rich	ardson		From	11/15/2013				From
Number	Street		То	02/15/2014	Number Street			То
Stonewa	II LA		_					
City	Sta				City	State ZII	P Code	
					Same as Debtor	1		Same as Debtor 1

1675 FM 451 S.

TX

State ZIP Code

Number Street

Hallsville City

Number

City

Street

From 11/15/2012

11/15/2013

То

From

То

State ZIP Code

Debtor 1 Darin Lar		Doc 1 File		Entered 02/29/ pats st Name	16 10:06:18		ain Document nber (if known)	Page 38 of	69	
 Within the last 8 years, did you ever live with a spouse or legal equivalent in a c (Community property states and territories include Arizona, California, Idaho, Louisia Washington, and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). 										•
Pa	Part 2: Explain the Sources of Your Income									
4.	Fill in the total amount of income you re If you are filling a joint case and you have No Yes. Fill in the details.		me you rece	eived from all	jobs and all bus	inesses, incl	luding part	t-time activities.	revious cale	endar years?
				Debtor 1	Debtor 1			Debtor 2		
				Sources o Check all t		Gross inco (before dec and exclus	ductions	Sources of inc		Gross income (before deductions and exclusions
		ry 1 of the current ye ı filed for bankruptcy		bonuse	•	<u>\$15</u>	5,428.08	bonuses, ti	•	
				☐ Operat	ing a business			Operating	a business	
		calendar year: December 31, 201	<u> </u>	bonuse	s, commissions, es, tips ing a business	<u></u> \$74	1,000.00	☐ Wages, co bonuses, ti	•	
		ndar year before tha	<u>4</u>)	bonuse	s, commissions, es, tips ing a business	\$57	7,596.00	☐ Wages, co bonuses, ti	•	

		Case 16-20034	Doc 1 Filed 02	2/29/16 Entered	02/29/16 10:06:18	Desc Main Document	Page 39 of 69
Deb		Darin	Lane	Coats		Case number (if known)
	F	First Name	Middle Name	Last Name			
5.	Include in unemploy and gam Debtor 1.	yment; and other pu bling and lottery win	f whether that incount incount incount incount income which the second income i	ome is taxable. Exents; pensions; rer in a joint case and	kamples of other in ntal income; interes I you have income	come are alimony; child st; dividends; money col	support; Social Security; lected from lawsuits; royalties; ler, list it only once under
	☑ No □ Yes.	Fill in the details.					
P	art 3:	List Certain Pa	ayments You	Made Before Y	ou Filed for B	ankruptcy	
6.	Are eithe	er Debtor 1's or De	btor 2's debts pri	marily consumer	debts?		
	□ No.				mer debts. Const nily, or household p	umer debts are defined i ourpose."	n 11 U.S.C. § 101(8) as
		During the 90 day	s before you filed	for bankruptcy, di	d you pay any cred	litor a total of \$6,225* or	more?
		☐ No. Go to line	÷ 7.				
		total amo	ount you paid that	creditor. Do not in	nclude payments fo	more in one or more pa or domestic support obli n attorney for this bankru	gations, such as
		* Subject to adjus	stment on 4/01/16	and every 3 years	after that for cases	s filed on or after the da	e of adjustment.
	✓ Yes.	Debtor 1 or Debt	or 2 or both have	primarily consu	mer debts.		
		During the 90 day	s before you filed	for bankruptcy, die	d you pay any cred	litor a total of \$600 or me	ore?
		☐ No. Go to line	e 7.				
		creditor.	Do not include pa	ayments for dome		ore and the total amount ions, such as child supp y case.	
				Dates of payment	Total amount paid	Amount you still owe	Was this payment for
	d Motor	Credit Corporation	on			\$19,779.00	Mortgage
	d Motor	Credit					✓ Car Credit card
Num	ber Stree	et					Loan repayment
PO	Box 627	5					Suppliers or vendors
	arborn	M		<u> </u>			Other
City		St	tate ZIP Code				

		Case 16-20034	Doc 1	Filed 02/29/16	Entered 02/29/16 10	0:06:18	Desc Main Document	Page 40 of 69
Deb		Darin First Name	Lane Middle N		coats ast Name		Case number (if known)	
7.	Insiders corporat agent, in	include your relative ions of which you are	s; any ge e an office siness yo	eneral partners; er, director, pers	relatives of any generation in control, or owne	al partn r of 20°	% or more of their voting s	you are a general partner; ecurities; and any managing domestic support obligations
	✓ No ☐ Yes.	List all payments to	an insid	er.				
8.		year before you filed	ed for ba	nkruptcy, did y	ou make any payme	nts or	transfer any property on	account of a debt that
	Include p	payments on debts g	uarantee	d or cosigned by	y an insider.			
	✓ No ☐ Yes.	List all payments th	nat benefi	ited an insider.				
Pa	art 4:	Identify Legal	Actions	s, Reposses:	sions, and Forec	losure	es	
9.	List all s		g person				, court action, or adminis s, collection suits, paternit	strative proceeding? y actions, support or custody
	✓ No ☐ Yes.	Fill in the details.						
			Na	ture of the case	е	Cou	ırt or agency	Status of the case
10.	seized,	year before you file or levied? Il that apply and fill in			any of your property	repos	sessed, foreclosed, garr	ished, attached,
	<u>-</u>	Go to line 11. Fill in the information	on below.					
11.		•			l any creditor, includ payment because you	_	ank or financial institution a debt?	on, set off any
	✓ No ☐ Yes.	Fill in the details.						
12.					any of your property or another official?	in the	possession of an assigr	nee for the benefit of
	✓ No ☐ Yes							

Deb	otor 1		Case 16 Darin First Name	-20034	Doc 1 Lane Middle Na	C	Entered 02/29/16 10:06:18 Coats ast Name	Desc Main Document Case number (if known	· ·	69
P	art 5	i:	List Cer	tain Gi	fts and	Contributio	ons			
13.	With	nin 2	years befo	re you fi	iled for b	ankruptcy, did	l you give any gifts with a to	tal value of more than	\$600 per perso	on?
	سا	No Yes.	. Fill in the d	letails fo	r each gif	ft.				
14.			? years befo	re you fi	iled for b	ankruptcy, did	l you give any gifts or contri	butions with a total val	ue of more tha	an \$600
		No Yes.	. Fill in the d	letails fo	r each gif	ft or contribution	ı.			
Р	art 6	:	List Cert	tain Lo	sses					
15.			year before saster, or g	-		nkruptcy or si	nce you filed for bankruptcy	, did you lose anything	because of th	neft, fire,
		No Yes.	. Fill in the d	letails.						
Р	art 7	:	List Cert	tain Pa	yment	s or Transfe	rs			
10.	anyo Inclu	one ude a No	you consult	ted abοι s, bankrι	ut seekin	g bankruptcy	you or anyone else acting or or preparing a bankruptcy po or credit counseling agencies	etition?		
	_					Descrip	tion and value of any prope	rty transferred Da	te payment	Amount of
			/lor, P.C. as Paid			\$1632 A		or ma	transfer was	payment
	D. Bo :					\$335 F \$33 FIN			12/08/2016	\$1,000.00
	nber	Stre							10/01/2015	\$300.00
Мa	rshal	II		TX	7567 ⁻	1				
Jity A/\A		vlor	bankruptc	State	ZIP Co	de				
			e address	y.com						
Pers	son Wh	no Ma	ade the Payme	nt. if Not \	You					
	With	nin 1	year before	you file	ed for ba		you or anyone else acting or creditors or to make paymer		nsfer any pro	perty to
	-		-			er that you listed		, c 3. ouno. 0.		
	$\overline{\mathbf{V}}$	No								

		Case 16-2003	4 Doc 1	Filed 02/29/16	Entered 02/29/16 10:	06:18 Desc Main Document Page 42 of	69
Debt	tor 1	Darin First Name	Lane Middle Na		coats ast Name	Case number (if known)	
18.		2 years before you	filed for b	ankruptcy, did	l you sell, trade, or oth	erwise transfer any property to anyone, or	ther than
		-	-	-	r business or financial		
		-			dy listed on this stateme	ng of a security interest or mortgage on your int.	property).
	✓ No ☐ Yes	s. Fill in the details.					
		-			id you transfer any pro set-protection devices.)	perty to a self-settled trust or similar devi	ce of which
	✓ No ☐ Yes	s. Fill in the details.					
Pa	art 8:	List Certain F	inancial	Accounts, I	Instruments, Safe	Deposit Boxes, and Storage Units	
20.		1 year before you f , closed, sold, mov			e any financial accoun	s or instruments held in your name, or fo	r your
			· ·		nancial accounts; certific and other financial institu	ates of deposit; shares in banks, credit union tions.	ns, brokerage
	✓ No	s. Fill in the details.					
		now have, or did y urities, cash, or otl			efore you filed for bank	ruptcy, any safe deposit box or other dep	ository
	✓ No ☐ Yes	s. Fill in the details.					
22.	□ No	ou stored property s. Fill in the details.	in a storaç	ge unit or place	e other than your home	e within 1 year before you filed for bankru	ptcy?
	_			Who else ha	s or had access to it?	Describe the contents	Do you still have it?
٨ .	O Salf	-Storage				misc household goods and	⋈ No
		ge Facility		Name		furnishings worth less than \$500.00	Yes
Numb	ber Str	eet		Number Stre	eet		
Mar	shall	TX ·	75670				
City		State 2	ZIP Code	City	State ZIP C	ode	
Pa	art 9:	Identify Prop	erty You	Hold or Co	ntrol for Someone	Else	
23.	-	hold or control an		that someone	else owns? Include a	ny property you borrowed from, are stori	ng for,
	✓ No ☐ Yes	s. Fill in the details.					

		Case 16-20034	Doc 1	Filed 02/29/16	Entered 02/29/16 10:06:1	L8 Desc Main Document	Page 43 of 69		
Deb	tor 1	Darin First Name	Lane Middle N		oats ast Name	Case number (if known)			
Pa	art 10:	Give Details A	bout Eı	nvironmenta	I Information				
For	the pur	pose of Part 10, the f	ollowing	definitions app	oly:				
r	nazardo	us or toxic substanc	e, waste	s, or material in		ncerning pollution, contam ace water, groundwater, or , wastes, or material.			
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.								
		<i>us material</i> means a ce, hazardous mater				dous waste, hazardous su	bstance, toxic		
Rep	ort all n	otices, releases, and	l procee	dings that you l	know about, regardless o	f when they occurred.			
24.	Has an law?	y governmental unit	notified	you that you m	ay be liable or potentially	liable under or in violation	n of an environmental		
	✓ No ☐ Yes	s. Fill in the details.							
25.		ou notified any gove	rnmenta	I unit of any rel	ease of hazardous materi	al?			
	✓ No	s. Fill in the details.							
26.	Have y		ny judicia	al or administra	itive proceeding under an	y environmental law? Incl	ude settlements and		
	✓ No	s. Fill in the details.							
Pa	art 11:	Give Details A	bout Yo	our Business	s or Connections to A	Any Business			
27.	Within busine	•	iled for b	oankruptcy, did	you own a business or h	ave any of the following co	onnections to any		
		A member of a limit A partner in a partne An officer, director,	ed liabilit ership or manaç	y company (LLC) or limited liability partners				
	_	. None of the above a s. Check all that apply			ails below for each busines	S.			
28.		2 years before you fi				ment to anyone about you	r business? Include		
	□ No	s. Fill in the details be	elow.						

	Case 16-20034	Doc 1 F	iled 02/29/16	Entered 02/29/16 10:06:18	Desc Main Docume	ent Page 44 of 69
Debtor 1	Darin	Lane	Co	ats	Case number (if kno	wn)
	First Name	Middle Nam	ne Las	t Name	,	,
D 44	0'					
Part 1	2: Sign Below					
I have rea	ad the answers on this	Statement	of Financial A	ffairs and any attachments	, and I declare unde	er penalty of perjury
				king a false statement, con	•	
	•			can result in fines up to \$2	50,000, or imprisoni	ment for up to 20 years,
or both.	18 U.S.C. §§ 152, 1341,	1519, and	3571.			
	rin Lane Coats		X			
Darin	Lane Coats, Debtor 1			Signature of Debtor 2		
Date	02/29/2016			Date		
Did you a	ttach additional pages	to Your St	atement of Fin	ancial Affairs for Individua	Is Filing for Bankru	otcy (Official Form 107)?
					,	,
☑ No						
☐ Yes						
Did you p	oay or agree to pay son	neone who	is not an atto	rney to help you fill out bar	nkruptcy forms?	
☑ No						
_	Name of person				Attach the Ba	nkruptcy Petition Preparer's Notice,
⊔ . 55.						

Declaration, and Signature (Official Form 119).

Fill in this inf	Fill in this information to identify your case:							
Debtor 1	Darin	Lane	Coats					
	First Name	Middle Name	Last Name					
Debtor 2	First Name	Middle Nove	Loot Nome					
(Spouse, if filing)	FIRST Name	Middle Name	Last Name					
United States Bar	nkruptcy Court fo	or the: EASTERN DIS	TRICT OF TEXAS					
Case number								
(if known)								

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

1.	For any creditors that you listed in Part 1 of Schedule D: Creditors Who Hold Claims Secured by Property (Official Form 106D),
	fill in the information below.

Identify the cre	editor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name:	Ford Motor Credit Corporation	Surrender the property. Retain the property and redeem it.	□ No □ Yes
Description of property securing debt:	veh	✓ Retain the property and enter into Reaffirmation Agreement.☐ Retain the property and [explain]:	a
Creditor's name:	Yamaha/gemb	✓ Surrender the property.☐ Retain the property and redeem it.	No Yes
Description of property securing debt:	motorcycle	Retain the property and enter into Reaffirmation Agreement. Retain the property and [explain]:	a

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Debtor 1	Darin	Lane	Coats	Case number	(if known)	
	First Name	Middle Name	Last Name	<u></u>		
	_					
Part 2:	List Your	Unexpired Person	al Property Leases			
		-1	and that a life Oak a date of	. 5		F 4000\
•				•	nd Unexpired Leases (Official still in effect; the lease perior	• • • • • • • • • • • • • • • • • • • •
			•		e it. 11 U.S.C. § 365(p)(2).	i ilas ilot
	-				,	
Desc	ribe your unexpi	red personal property	leases		Will this lease be a	ssumed?
Lesso	or's name:	Pete and Judy Harr	is		□ No	
Desci		residential lease			✓ Yes	
prope	erty:				_	
Part 3:	Sign Belo	w				
rait 5.	Oigh Belo	VV				
Under	penalty of periur	v. I declare that I have	indicated my intention	about any property of my	estate that secures a debt a	nd
		is subject to an unexp	•			
			v			
	rin Lane Coats	4	X Cincotons of Dol			
Darin L	ane Coats, Debto	OF 1	Signature of Del	DIOF Z		
-	02/29/2016	_	Date			
ſ	MM / DD / YYYY		MM / DD	/ YYYY		

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts.
 Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liqudation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

\$245	filing fee
\$75	administrative fee
\$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that the even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans:
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form-sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

+		filing fee administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

\$200 filing fee \$75 administrative fee \$275 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

\$235 filing fee \$75 administrative fee \$310 total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to:

http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/Resources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF TEXAS MARSHALL DIVISION

IN RE: Darin Lane Coats CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

	The above named Debtor h	nereby verifies that	the attached list of	f creditors is true a	and correct to the	e best of his/he
know	ledge.					

Date	2/29/2016	Signature	/s/ Darin Lane Coats Darin Lane Coats
Date		Signature	

Amex/Beckett & Lee LLC PO Box 3001 16 General Warren Blvd Malvern, PA 19355

Attorney General Child Support Attn: Bankruptcy PO Box 12017 Credit Group Austin, TX 78711

Attorney General of Texas Tax Division Bankruptcy Box 12548, Capital Station Austin, Texas 78711

Cap1/bstby PO Box 78009 Phoenix, AZ 85062-8009

Capl/ymaha 26525 N Riverwoods Blvd Mettawa, IL 60045

Citibank
Citicorp Credt Srvs/Centralized Bankrupt
PO Box 790040
Saint Louis, MO 63179

Ford Motor Credit Corporation Ford Motor Credit PO Box 6275 Dearborn, MI 48121

Gregg County CSCD PO Box 3226 Longview, TX 75606

Hon. Attorney General Dept. of Justice Room 4400 10th and Constitution NW Washington, DC 20530 Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346

Kohls/Capital One PO Box 3120 Milwaukee, WI 53201

Navient PO Box 9500 Wilks-Barr, PA 18773

Pete and Judy Harris

State Comptroller's Office P.O. Box 13528 Austin, Texas 78711

Synchrony Bank/ HH Gregg Attn: Bankruptcy PO Box 103104 Roswell, GA 30076

Texas Workforce Commission 101 E. 15th Street Austin, TX 78778

United States Attorney Eastern District of Texas 110 N. College, Ste 700 Tyler, Texas 75702-0204

Us Bank 200 Gibraltar Rd Horsham, PA 19044 Yamaha/gemb GEMB/Attn: Bankruptcy Department PO Box 103106 Roswell, GA 30076

F	ill in this inf	ormation to	identify your case:			box only as dire	
De	ebtor 1	Darin First Name	Lane	Coats		n Form 122A-1Su	
_	alatan O	First Name	Middle Name	Last Name		no presumption of abu	
(S	ebtor 2 Spouse, if filing)		Middle Name	Last Name	of abuse	ulation to determine if a applies will be made u est Calculation (Officia	nder Chapter 7
Uı	nited States Ba	nkruptcy Court fo	or the: EASTERN DIS	TRICT OF TEXAS		ns Test does not apply	
	ase number known)				of qualified later.	ed military service but	it could apply
					Check if the	nis is an amended filin	g
<u>Of</u>	ficial Form	122A-1					
Cŀ	napter 7 S	tatement o	of Your Current	Monthly Income			12/1
are mili 122	exempted from itary service, c A-1Supp) with	m a presumption complete and file this form.	n of abuse because yo	s, write your name and cas u do not have primarily co ion from Presumption of <i>I</i>	onsumer debts or be	ecause of qualifying	-
1.			ng status? Check one o				
••	_ ,,			nny.			
			umn A, lines 2-11.				
	_			Il out both Columns A and E			
	☐ Married	and your spous	se is NOT filing with yo	u. You and your spouse	are:		
	Livi	ing in the same	household and are not	t legally separated. Fill out	both Columns A and	l B, lines 2-11.	
	dec	lare under penal	ty of perjury that you an	I. Fill out Column A, lines 2- d your spouse are legally se s that do not include evading	eparated under nonba	ankruptcy law that appl	ies or that you
	bankruptcy of August 31. If in the result.	the amount of your point of the property of the amount of your point include a	§ 101(10A). For exampour monthly income varing income amount more	ed from all sources, derivence, if you are filing on Septenced during the 6 months, added than once. For example, in the nave nothing to report for an	ember 15, the 6-mont d the income for all 6 f both spouses own the	h period would be Mar months and divide the he same rental propert	ch 1 through total by 6. Fill
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
2.	_	vages, salary, tipyroll deductions).	ps, bonuses, overtime	and commissions	\$5,919.38		
3.	Alimony and if Column B is	-	ayments. Do not includ	le payments from a spouse	\$0.00		
4.	expenses of regular contrib your depende	you or your depoutions from an units, parents, and	e which are regularly poendents, including chunmarried partner, mem droommates. Include renot filled in. Do not include the control of the co	ild support. Include bers of your household, egular contributions from	\$0.00		

Debtor 1 Darin Lane Coats Case number (if known) First Name Middle Name Last Name Column A Column B Debtor 1 Debtor 2 or non-filing spouse Net income from operating a business, profession, or farm Debtor 1 Debtor 2 \$0.00 Gross receipts (before all deductions) \$0.00 Ordinary and necessary operating expenses Copy \$0.00 \$0.00 Net monthly income from a business, here profession, or farm Net income from rental and other real property Debtor 1 Debtor 2 \$0.00 Gross receipts (before all deductions) \$0.00 Ordinary and necessary operating -Copy \$0.00 \$0.00 Net monthly income from rental or here other real property Interest, dividends, and royalties \$0.00 **Unemployment compensation** \$0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you..... For your spouse....._ Pension or retirement income. Do not include any amount received that \$0.00 was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

work related reimbursements

Then add the total for Column A to the total for Column B.

\$217.64

monthly income

			Case 16-200	034 Doc 1 Filed 02	2/29/16 Entered	02/29/16 10:06:18	B Desc Main Document Pa	ge 57 of 69	9
Deb	tor 1	_	arin	Lane	Coats		Case number (if known)		
		Fir	rst Name	Middle Name	Last Name				
	- 4.0		D. (A/I - 41 41 - BA					
12	art 2:		Determine \	Whether the Mea	ns Test Appli	es to You			
12.	Calc	ulate	your current i	monthly income for t	he year. Follow t	these steps:			
	12a.	Cop	y your total cu	rrent monthly income	from line 11		Copy line 11 here	→ 12a.	\$6,137.02
		Mul	tiply by 12 (the	number of months in	a year).				X 12
	12b.	The	result is your	annual income for this	part of the form.			12b.	\$73,644.24
13.	Calc	ulate	the median fa	mily income that app	plies to you. Foll	low these steps:			
	Fill in	the s	state in which y	ou live.	-	Texas			
	Fill in	the r	number of peop	ole in your household.		1			
	Fill in	the r	median family i	ncome for your state	and size of house	ehold		13.	\$44,178.00
				e median income amo This list may also be		•	•		
14.	How	do th	ne lines compa	are?					
	14a.		Line 12b is le Go to Part 3.	ss than or equal to lin	e 13. On the top	of page 1, check b	oox 1, There is no presumption	of abuse.	
	14b.	\square		ore than line 13. On and fill out Form 122A		, check box 2, The	presumption of abuse is deter	mined by F	Form 122A-2.
P	art 3:		Sign Below						
_	art o.		oigii Below						
	Ву	signin	ng here, I decla	re under penalty of pe	erjury that the info	ormation on this sta	atement and in any attachments	s is true an	d correct.
	X	/s/ D	arin Lane Co	oats		_ X			
			Lane Coats, D				ature of Debtor 2		
		Date	2/29/2016			Date			
		_	MM / DD / YY	YY			MM / DD / YYYY		

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

F	ill in th	is information to i	identify your case	:			the appropriate	box as	directed
\Box	ebtor 1	Darin	Lane	Coats		in lines	s 40 or 42:		
		First Name	Middle Name	Last Nan	ne	Accordir Stateme	ng to the calculation ent:	required b	y this
	ebtor 2 Spouse, if	filing) First Name	Middle Name	Last Nan	ne	☑ 1. Th	nere is no presumption	on of abus	se.
υ	nited Sta	tes Bankruptcy Court fo	or the: EASTERN DIS	TRICT OF	TEXAS	2. Th	nere is a presumption	n of abuse	€.
	ase numl f known)	ber				☐ Chec	k if this is an amend	ed filing	
<u>Of</u>	ficial F	orm 122A-2							
Cł	napter	7 Means Test	Calculation						12/15
	fill out th 2A-1).	nis form, you will need	l your completed copy	/ of Chapter	7 Statement of You	ır Current M	Monthly Income (Of	ficial For	m
		lete and accurate as p							
		more space is neede applies. On the top of	· ·					ionai	
Р	art 1:	Determine Your	· Adjusted Income)					
1.	Сору у	our total current mon	thly income	Copy lir	ne 11 from Official	Form 122A	-1 here .	1	\$6,137.02
2.	Did yo	u fill out Column B in	Part 1 of Form 122A-1	?					
	☑ No	o. Fill in \$0 for the total	on line 3.						
	☐ Ye	es. Is your spouse filing	g with you?						
		No. Go to line 3.							
		Yes. Fill in \$0 for the	e total on line 3.						
3.	-	your current monthly usehold expenses of y	•		•	ome not us	sed to pay for		
		11, Column B of Form household expenses of	•		ome you reported for	your spous	se NOT regularly use	ed .	
	□ No	o. Fill in \$0 for the total	on line 3.						
	☐ Ye	es. Fill in the information	n below:						
	Fo de	ate each purpose for our example, the income obtor to support people ependents	is used to pay your spo		Fill in the amour are subtracting t your spouse's in	rom			
							_		
					+				
	Tota	al			\$0	.00 C.apy	total here	→	\$0.00

4. Adjust your current monthly income. Subtract the total on line 3 from line 1.

\$6,137.02

Part 2: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

1

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

Food, clothing and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. \$585.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories-people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age			
7a. Out-of-pocket health care allowance per person	\$60.00		
7b. Number of people who are under 65	x <u>1</u>		
7c. Subtotal. Multiply line 7a by line 7b.	\$60.00	Copy here 🗕	\$60.00
People who are 65 years of age or older			
d. Out-of-pocket health care allowance per person	\$144.00	_	
e. Number of people who are 65 or older	x0		
f. Subtotal. Multiply line 7d by line 7e.	\$0.00	Copy here → +	\$0.00
7g. Total. Add lines 7c and 7f			Copy total here → 7q.

\$60.00

		Case 16-200	34 Doc 1 Filed 02	2/29/16 Entered 02/29/	16 10:06:18	Desc Main Document	Page 60 of 69	
Debto	r 1	Darin	Lane	Coats		Case number (if known)		
		First Name	Middle Name	Last Name				
Loca	al Sta	andards Y	ou must use the IRS	Local Standards to answ	er the questio	ns in lines 8-15.		
		n information from uptcy purposes ir		ustee Program has divi	ided the IRS I	∟ocal Standard for hou	sing	
		-	Insurance and opera Mortgage or rent ex	• .				
To a	nswe	er the questions ir	lines 8-9, use the U	J.S. Trustee Program ch	hart.			
		e chart, go online u at the bankruptcy o		d in the separate instruct	ions for this fo	orm. This chart may also	be	
8.				rating expenses: Using for insurance and operat			line 5,	\$436.00
9.	Hou	sing and utilities -	- Mortgage or rent e	xpenses:				
		-	of people you entered mortgage or rent exp	d in line 5, fill in the dolla penses.	r amount liste	s746.00	-	
		Total average mor your home.	nthly payment for all n	nortgages and other debt	ts secured by			
			o each secured credi	payment, add all amounts tor in the 60 months after				
		Name of the cre	ditor	Average mo	onthly			
				+				
					Сору		Repeat this amount on	
		To	otal average monthly	payment \$0.0	1	\$0.00	- line 33a.	
	9c.	Net mortgage or re	ent expense.				-	
		,	otal average monthly his amount is less tha	payment) from line 9a (m an \$0, enter \$0.	nortgage or	\$746.00	Copy here →	\$746.00
10.	-		_	's division of the IRS Lo		_	ect	
	Expl why:							
	y.							
11.		-	xpenses: Check the	number of vehicles for v	which you clair	m an ownership or opera	iting expense.	
	_	 Go to line 14. Go to line 12. 						
	_	2 or more. Go to li	ine 12.					
12.			-	Local Standards and the		•		\$244.00

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may

also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may

Transportation expense allowance regardless of whether you use public transportation.

not claim more than the IRS Local Standard for Public Transportation.

\$0.00

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Debtor 1 Debtor 1 Debtor 1 Lane Coats Case number (if known) Last Name Case number (if known)

Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories. 16. Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, \$1,446.75 self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, \$0.00 union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are \$0.00 filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, or a non-filing spouse's life insurance, or for any form of life insurance other than 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative \$1,237.00 agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: \$0.00 as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. \$0.00 Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that \$0.00 is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services \$50.00 for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. Add all of the expenses allowed under the IRS expense allowances. \$4,992.10 Add lines 6 through 23.

Page 63 of 69 Case 16-20034 Doc 1 Filed 02/29/16 Entered 02/29/16 10:06:18 Desc Main Document Debtor 1 Darin Lane Coats Case number (if known) First Name Middle Name Last Name **Additional Expense Deductions** These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$309.44 \$0.00 Disability insurance \$0.00 Health savings account \$309.44 \$309.44 Total Copy total here Do you actually spend this total amount? **√** Yes 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you \$300.00 will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the \$0.00 safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential. 28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs. You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. 29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$0.00 \$156.25* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. * Subject to adjustment on 4/01/16, and every 3 years after that for cases begun on or after the date of adjustment. 30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. You must show that the additional amount claimed is reasonable and necessary. 31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial \$0.00 instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2). 32. Add all of the additional expense deductions.

Add lines 25 though 31.

\$609.44

Ded	uction	ns for	Debt Payment								
33.					est in property th		, includi	ng home r	mortgages, vehic	le	
					ayment, add all an		are contra	actually du	e to each secure	d creditor in	
			•	·					verage monthly syment		
		Mor	tgages on your	home:							
	33a.	Сор	y line 9b here					→	\$0.00		
		Loa	ns on your first	two vehicles	::						
	33b.	Сор	y line 13b here					→	\$329.65		
	33c.	Сор	y line 13e here					>	\$0.00		
	33d.	List	other secured de	bts:							
			ach creditor for Ired debt		Identify property secures the deb			e taxes or			
								1 No			
								Yes			
] No			
								Yes			
] No +			
					-			Yes			
	33e.	Tota	l average month	ly payment.	Add lines 33a thro	ugh 33d			\$329.65	Copy total here	\$329.65
34.		-	-		secured by your	-	sidence	, a vehicle	, or other prope	rty	
		No.	Go to line 35.								
	ш,	Yes.	State any amou payments listed	in line 33, to	ust pay to a credit keep possession de by 60 and fill in	of your prop	erty (call				
Nan	ne of tl	he cr	editor	Identify pro		Total cu			Monthly cure amount		
								÷ 60 =			
								÷ 60 =			
						_					
						_		÷60 = 🛨			
								Total	\$0.00	Copy total here	\$0.00
35.		ny	that are past du		s a priority tax, o			,			
		No.	Go to line 36.								
	_	Yes.			of these priority cla						
			Total amount of	all past-due	priority claims					÷ 60 =	\$0.00

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Case number (if known)

Coats

Last Name

Darin First Name

Lane

Middle Name

Debtor 1

Debto	r 1	Dar First	r in Name	Lane Middle Name	Coats Last Name		_ Case	numb	er (if known)			
36.	For r	nore i	nformation, go o	case under Chap online using the lin Bankruptcy Basic	nk for Bankruptcy	/ Basics specifie			office.			
		No. Yes.	Go to line 37. Fill in the follow	wing information.								
			Projected mon	thly plan paymen	t if you were filing	g under Chapter	13		\$100.00			
			Administrative	ier for your distric Office of the Unit olina) or by the Ex stricts).	ed States Courts	s (for districts in	Alabama	x	7. <u>5</u> _	%		
			the link specifi	f district multiplier ed in the separate ble at the bankrup	e instructions for	this form. This I	-					
			Average month	nly administrative	expense if you v	vere filing under	Chapter 13		\$7.50	Copy here	total	\$7.50
37.			the deductions 33e through 36.	for debt payme	nt.							\$337.15
Tota	ıl Dec	luctio	ns from Incom	е								
38.	Add	all of	the allowed de	ductions.								
				penses allowed ι		\$4,992.10						
	Copy	/ line 3	32, All of the ad	ditional expense	deductions	\$609.44						
	Copy	/ line 3	37, All of the de	ductions for debt	payment +	\$337.15						
	Tota	l dedu	ctions			\$5,938.69	Copy tot	al her	e →			\$5,938.69
Par	t 3:	D	etermine Wh	ether There I	s a Presump	tion of Abus	е					
39.	Calc	ulate	monthly dispo	sable income for	60 months							
	39a.	Сор	y line 4, <i>adjuste</i>	ed current monthly	/ income	\$6,137.02						
	39b.	Сор	y line 38, Total	deductions	-	\$5,938.69						
	39c.		nthly disposable tract line 39b fro	income. 11 U.S. om line 39a.	C. § 707(b)(2).	\$198.33	Copy here →	_	\$198.33	<u>-</u>		
		For	the next 60 mor	nths (5 years)				х	60			
	39d.	Tota	al. Multiply line	39c by 60			39	d	\$11,899.80	Copy	→	\$11,899.80
40.	Find	out w	hether there is	a presumption	of abuse. Check	k the box that ap	plies:					
	_		ine 39d is less Part 5.	than \$7,475*. Or	the top of page	1 of this form, cl	heck box 1,	There	is no presur	nption of	abuse.	
	_			e than \$12,475 *. 4 if you claim spe		•	-	2, The	ere is a presi	umption	of abus	e.
		The li	ine 39d is at lea	ast \$7,475*, but r	not more than \$1	12,475*. Go to lir	ne 41.					
		* Sub	ject to adjustme	nt on 4/01/16, an	d every 3 years a	after that for case	es filed on c	r after	r the date of	adjustme	ent.	

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			Case 16-20034	Doc 1 Filed 02	2/29/16 Entered 02/2	29/16 10:06:18	Desc Main De	ocument	Page 66 of 6	9
Debto	r 1	<u>Dar</u> First	rin Name	Lane Middle Name	Coats Last Name		Case number ((if known)		
41.	41a.	. Fill AS	in the amount o	f your total nonp Assets and Liabili	oriority unsecured de ities and Certain Statis r to line 3b on that forn	stical Informatio	n Schedules	\$74,705 x .25	5.00	
	41b.		of your total notiply line 41a by 0		ured debt. 11 U.S.C.	§ 707(b)(2)(A)((i)(l).	\$18,676	Copy here	\$18,676.25
42.	is e	nough		our unsecured,	eft over after subtrac nonpriority debt.	ting all allowed	d deductions			
			39d is less than Part 5.	line 41b. On the	top of page 1 of this f	orm, check box	1, There is no	presumptio	on of abuse.	
					41b. On the top of partial circumstances. Th			2, There is a	a presumption	n of abuse.
Par	t 4:	G	ive Details Al	bout Special (Circumstances					
43.					nat justify additional of 11 U.S.C. § 707(b)(2)		djustments of	current mo	onthly incom	e for
		No.	Go to Part 5.							
	$\overline{\mathbf{A}}$	Yes.		-	All figures should refle expenses you listed in		monthly exper	nse or incor	me adjustmer	nt
			adjustments ne	•	ation of the special circonable. You must also		•			
			Give a detaile	ed explanation of	f the special circums	tances			Average mo	onthly expense adjustment
			work related	expenses					-	\$217.64
									-	
		_								
Par	t 5:	Si	ign Below							
	By s	signing	here, I declare u	nder penalty of p	erjury that the informa	tion on this state	ement and in a	ny attachm	ents is true a	nd correct.
			rin Lane Coats ane Coats, Debto			X	ure of Debtor 2			
		_	2/29/2016			Date_			_	
		ı	MM / DD / YYYY				MM / DD / YYY	Υ		

Current Monthly Income Calculation Details

In re: **Darin Lane Coats**Case Number:
Chapter:

. . . .

7

2. Gross wages, salary, tips, bonuses, overtime and commissions.

Debtor or Spouse's Income	Description (if available)						
	6 Months Ago	5 Months Ago	4 Months Ago	3 Months Ago	2 Months Ago	Last Month	Avg. Per Month

<u>Debtor</u> <u>Hardware Resources, Inc.</u> \$5,464.04 \$5,464.04 \$8,196.06 \$5,464.04 \$5,464.04 \$5,464.04 **\$5,919.38**

10. Income from all other sources not listed above.

Debtor or Spouse's Income	Description (if available)						
	6	5	4	3	2	Last	Avg.
	Months	Months	Months	Months	Months	Month	Per
	Ago	Ago	Ago	Ago	Ago		Month

 Debtor
 work related reimbursements

 \$0.00
 \$0.00
 \$626.09
 \$679.75
 \$0.00
 \$217.64

Underlying Allowances (as of 02/29/2016)

In re: Darin Lane Coats

Case Number: Chapter: 7

Median Income Information			
State of Residence	Texas		
Household Size	1		
Median Income per Census Bureau Data	\$44,178.00		

National Standards: Food, Clothing, Household Supplies, Personal Care, and Miscellaneous			
Region	US		
Family Size	1		
Gross Monthly Income	\$6,137.02		
Income Level	Not Applicable		
Food	\$315.00		
Housekeeping Supplies	\$32.00		
Apparel and Services	\$88.00		
Personal Care Products and Services	\$34.00		
Miscellaneous	\$116.00		
Additional Allowance for Family Size Greater Than 4	\$0.00		
Total	\$585.00		

National Standards: Health Care (only applies to cases filed on or after 1/1/08)			
Household members under 65 years of age			
Allowance per member	\$60.00		
Number of members	1		
Subtotal	\$60.00		
Household members 65 years of age or older			
Allowance per member	\$144.00		
Number of members	0		
Subtotal	\$0.00		
Total	\$60.00		

Local Standards: Housing and Utilities			
State Name	Texas		
County or City Name	Harrison County		
Family Size	Family of 1		
Non-Mortgage Expenses	\$436.00		
Mortgage/Rent Expense Allowance	\$746.00		
Minus Average Monthly Payment for Debts Secured by Home	\$0.00		
Equals Net Mortgage/Rental Expense	\$746.00		
Housing and Utilities Adjustment	\$0.00		

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Underlying Allowances (as of 02/29/2016)

In re: Darin Lane Coats

Case Number: Chapter: 7

Lo	cal Standards: Transporta	tion; Vehicle Operati	on/Public Transportation		
Transportation Region		South Region	South Region		
Number of Vehicles Opera	ited	1	1		
Allowance		\$244.00	\$244.00		
Loc	al Standards: Transportat	ion; Additional Publi	c Transportation Expense		
Transportation Region		South Region	South Region		
Allowance (if entitled)		\$185.00	\$185.00		
Amount Claimed		\$0.00	\$0.00		
	Local Standards: Tran	sportation; Ownersh	ip/Lease Expense		
Transportation Region		South Region	South Region		
Number of Vehicles with Ownership/Lease Expense		1			
	First Ca	ar	Second Car		
Allowance	\$517.00				
Minus Average Monthly Payment for Debts Secured by Vehicle	\$329.65				
Equals Net Ownership / Lease Expense	\$187.35				